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02/05/03--01037--005 **70.00

FILED
03 FEB -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-12-03

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PRN Healthcare, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Kevin Guergani
Name (Printed or typed)

35246 US Hwy 19 No # 137
Address

Palm Harbor FL 34684
City, State & Zip

(727) 789-5059
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

PRN HEALTHCARE, INC.
35246 US HWY 19 NO #137
PALM HARBOR, FL. 34684

FILED
03 FEB -5 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

January 21, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

Letter of intention. PRN HEALTHCARE, INC. have no intentions of re-instating dissolved corporation, and release name for new corporate status.

Hence, Federal Employee Identification Number (593697979) will remain the same.

Sincerely,

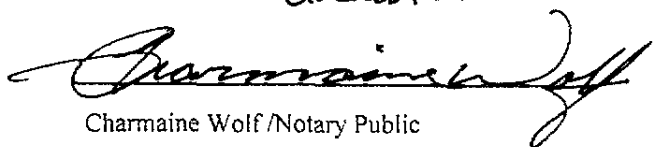


Kevin Guergawi

Kg/np

State of Florida
County of Pinellas

The foregoing instrument was acknowledged before me this 28TH day of JAN., 2003
By KEVIN GUERGAWI who has produced FLDL as identification.



Charmaine Wolf /Notary Public



Charmaine Wolf
MY COMMISSION # CC868248 EXPIRES
August 31, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

PRN Healthcare, Inc.

03 FEB -5 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

35246 US Hwy 19 No # 137
Palm Harbor, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit organization to purchase
and sell medical supplies/equipment

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Kevin Guergawi, Director
35246 US Hwy 19 No # 137
Palm Harbor, FL 34684

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


Kevin Guergawi
35246 US Hwy 19 No # 137
Palm Harbor, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin Guergawi
35246 US Hwy 19 No # 137
Palm Harbor, FL 34684

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Incorporator/Registered Agent

1/17/03
Date